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JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

January 22, 2019

System No. 1503682

Yolanda Acevedo, Compliance Manager
SunSelect Produce Water System
20570 Pellisier Road
Tehachapi, CA 93561

CITATION NO. 03_19_19C_005 TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION FOR DECEMBER 2018

Enclosed is Citation No. 03_19_19C_005 (hereinafter "Citation"), issued to the SunSelect Produce Water System (hereinafter "Water System"), public water system. **Please note that there are legally enforceable deadlines associated with this Citation beginning on page 4.**

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Water Board"), hourly rate for the time spent on issuing this Citation. California Health and Safety Code, (hereinafter "CHSC"), Section 116577, provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately 1 hour on enforcement activities associated with this violation.

The Water System will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued under authority delegated to an officer or employee of the State Water Board under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision.

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the State Water Board. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

4925 Commerce Drive, Suite 120, Bakersfield, CA 93309 | www.waterboards.ca.gov

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Aayush Khurana of my staff at (661) 335-7346.

Sincerely,

A handwritten signature in blue ink, reading "Jaswinder S. Dhaliwal". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jaswinder S. Dhaliwal P.E.
Senior Sanitary Engineer
State Water Resources Control Board
Division of Drinking Water

Enclosure: Citation No. 03_19_19C_005

Certified Mail No. 7002 0860 0000 1963 2514

cc: Kern County Dept. of Public Health, Environmental Health Division
Shon Sackett, Contract Operator & Sampler, skOO'kum h2O monitoring inc. (via email)
Chad Ianneo, President, SunSelect Produce, Inc. (via email)

JSD/lo

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

Name of Public Water System: SunSelect Produce Water System

Water System No: 1503682

Attention: Yolanda Acevedo, Compliance Manager
SunSelect Produce, Inc.
20570 Pellisier Road
Tehachapi, CA 93561

Issued: January 22, 2019

CITATION FOR NONCOMPLIANCE
CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555 AND
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
DECEMBER 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board"), to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with

Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The State Water Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division, hereby issues Citation No. 03_19_19C_005 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the SunSelect Produce Water System (hereinafter "Water System"), for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

STATEMENT OF FACTS

The Water System is classified as a non-transient non-community public water system with a population of 190, serving one connection. The Water System does not provide any water treatment (including disinfection). The Water System operates under Domestic Water Supply Permit No. 03_19_15P_006, issued by the State Water Board on June 17, 2015.

CHSC, Section 116555 requires all public water systems to comply with primary drinking water standards as defined in CHSC, Section 116275(c). Primary drinking water standards include maximum levels of contaminants, specific treatment standards, and monitoring and reporting requirements as specified in regulations adopted by the State Water Board.

CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (hereinafter "MCL"), states that a public water system is in violation of the total coliform MCL if it collects fewer than 40 bacteriological samples per

1 month and if more than one sample collected during any month is total
2 coliform-positive.

3
4 One (1) routine distribution system sample, collected on December 12,
5 2018, tested positive for total coliform bacteria. Four (4) repeat samples
6 were collected on December 17, 2018. One of the repeat samples, collected
7 from Well 01, also tested positive for total coliform bacteria. The rest of the
8 repeat samples, collected from the distribution system, did not show
9 presence of total coliform bacteria. None of the total coliform positive
10 samples showed presence of *Escherichia coli* (*E. coli*) bacteria.

11
12 Due to the total coliform treatment technique trigger under the federal
13 revised total coliform rule (rTCR), the Water System was required to
14 complete the Level 1 Assessment within 30 days of the total coliform
15 treatment technique trigger, with a due date of January 19, 2019. On
16 January 08, 2019, the State Water Board received a completed Level 1
17 Assessment (copy provided in **Appendix 1**) from Shon Sackett, Contract
18 Operator, skOO'kum h2O monitoring inc. According to the Level 1
19 Assessment, bacteriological contamination may be due to an unscreened
20 casing vent at Well 01. It is noted by the State Water Board that Well 01
21 tested positive for total coliform bacteria in December 2018, and may be the
22 cause of bacteriological contamination in the distribution system.

23
24 Due to the total coliform MCL violation in December 2018, the Water System
25 was required to provide Tier 2 public notification within 30 days of the
26 violation. On January 18, 2019, the Water System provided the public
27 notification and has submitted a copy of the notice to the State Water Board

1 (Appendix 2). The Water System also submitted the Certification Form
2 (Appendix 3) for the Tier 2 public notification.

3
4 On January 11, 2019, the Water System provided emergency disinfection of
5 Well 01, 7,000-gallon HDPE storage tank, and the distribution system and
6 flushed the system until there was no free chlorine residual detected from
7 the water. Five samples from the distribution system, and one sample from
8 Well 01, were collected on January 15, 2019, and all samples were absent
9 for total coliform bacteria. Due to the total coliform MCL violation in
10 December 2018, the Water System is considering adding continuous
11 chlorination treatment. Before installing treatment, the Water System will
12 need to submit a permit amendment application, chlorination data sheet,
13 Environmental Information Form, and operations plan for the treatment.

14 15 DETERMINATION

16 The Water System took fewer than 40 bacteriological samples during
17 December 2018. The results of 2 samples were total coliform positive.
18 Therefore, the State Water Board has determined that the Water System
19 has failed to comply with drinking water standards pursuant to CHSC,
20 Section 116555(a)(1) and CCR, Title 22, Section 64426.1 during December
21 2018.

DIRECTIVES

The Water System is hereby directed to take the following actions:

1. The Water System shall include this violation in the 2018 Consumer Confidence Report in accordance with CCR, Title 22, Section 64481(d)(3).
2. On or before **January 29, 2019**, complete and return to the State Water Board the "Notification of Receipt" form attached to this Citation as **Appendix 4**. Completion of this form confirms that the Water System has received this Citation and understands that it contains legally enforceable directives(s) with due dates.
3. Before installing any treatment (including continuous chlorination), the Water System shall submit the required permit amendment application to the State Water Board along with necessary enclosures and obtain written approval from the State Water Board before using the treatment.

All submittals required by this Citation shall be electronically submitted to the State Water Board at the following address. The subject line for all electronic submittals corresponding to this Citation shall include the following information: Water System name and number, citation number and title of the document being submitted.

Jaswinder S. Dhaliwal P.E.
Dwpdist19@waterboards.ca.gov

The State Water Board reserves the right to make modifications to this Citation as it may deem necessary to protect public health and safety. Such

1 modifications may be issued as amendments to this Citation and shall be
2 effective upon issuance.

3
4 Nothing in this Citation relieves the Water System of its obligation to meet
5 the requirements of the California SDWA (CHSC, Division 104, Part 12,
6 Chapter 4, commencing with Section 116270), or any regulation, standard,
7 permit or order issued or adopted thereunder.

8 9 **PARTIES BOUND**

10 This Citation shall apply to and be binding upon the Water System, its
11 owners, shareholders, officers, directors, agents, employees, contractors,
12 successors, and assignees.

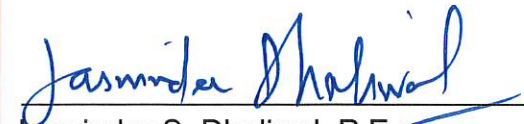
13 **SEVERABILITY**

14 The directives of this Citation are severable, and the Water System shall
15 comply with each and every provision thereof notwithstanding the
16 effectiveness of any provision.

17 18 **FURTHER ENFORCEMENT ACTION**

19 The California SDWA authorizes the State Water Board to: issue a citation
20 or order with assessment of administrative penalties to a public water
21 system for violation or continued violation of the requirements of the
22 California SDWA or any regulation, permit, standard, citation, or order
23 issued or adopted thereunder including, but not limited to, failure to correct a
24 violation identified in a citation or compliance order. The California SDWA
25 also authorizes the State Water Board to take action to suspend or revoke a
26 permit that has been issued to a public water system if the public water
27 system has violated applicable law or regulations or has failed to comply
28 with an order of the State Water Board, and to petition the superior court to

1 take various enforcement measures against a public water system that has
2 failed to comply with an order of the State Water Board. The State Water
3 Board does not waive any further enforcement action by issuance of this
4 Citation.

5 
6 _____
7 Jaswinder S. Dhaliwal, P.E.
8 Senior Sanitary Engineer
9 State Water Resources Control Board
10 Division of Drinking Water

Jan. 22, 2019

Date

11
12 Appendices (4):

- 13 1. Level 1 Assessment Form dated January 8, 2019
14 2. Public Notice dated January 18, 2019
15 3. Certification of Completion of Public Notice
16 4. Notification of Receipt Form

17
18 Certified Mail No. 7002 0860 0000 1963 2514

19
20 cc: Kern County Dept. of Public Health, Env. Health Division (w/o appendices)
21 Shon Sackett, skOO'kum h2O monitoring, inc. (via email)
22 Chad Ianneo, President, SunSelect Produce, Inc. (via email)
23
24
25

Appendix 1 – Level 1 Assessment Form dated January 8, 2019

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

ADMINISTRATIVE INFORMATION

| | | | | |
|---|--------------|-----------------------------|-------------------------------|------------------|
| Entity Name: SunSelect PWSID NUMBER: 1503682 | System Type: | Name SunSelect | System Address & Email | Telephone Number |
| Operator in Responsible Charge (ORC) | | Shon Sackett Tony Langin | PO Box 361, Tehachapi Same | 661-301-1791 |
| Person that collected TC samples if different than ORC | | | | |
| System Owner | | Victor Kahn | | |
| Certified Laboratory for Microbiological Analyses | | BC Laboratories | | |
| Date Investigation Completed: 12/26/18 | | | | |
| Month(s) of Coliform Treatment Technique Trigger: December 2018 | | | | |

INVESTIGATION DETAILS

| SOURCE | WELL (name) | WELL (name) | WELL (name) | WELL (name) | COMMENTS (attach additional pages if needed) |
|--|-------------|-------------|-------------|-------------|---|
| | 001 | | | | |
| 1. Inspect each well head for physical defects and report | Yes | | | | |
| a. Is raw water sample tap upstream from point of disinfection? | N/A | | | | |
| b. Is wellhead vent pipe screened? | Yes | | | | |
| c. Is wellhead seal watertight? | Yes | | | | |
| d. Is well head located in pit or is any piping from the wellhead submerged? | No | | | | |
| e. Does the ground surface slope towards well head? | No | | | | |
| f. Is there evidence of standing water near the wellhead? | No | | | | |
| g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments) | No | | | | |
| h. Is the wellhead secured to prevent unauthorized access? | Yes | | | | |
| i. How often do you take a raw water total coliform (TC) test? | Monthly | | | | |
| j. Provide the date and result of the last TC test at this location | 12/17/18 | | | | |

STORAGE

| | TANK (name) | TANK (name) | TANK (name) | TANK (name) | COMMENTS |
|--|-------------|-------------|-------------|-------------|----------|
| | 01 | | | | |
| 1. Is each tank locked to prevent unauthorized access? | Yes | | | | |
| 2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank? | Yes | | | | |
| 3. Is the overflow on each tank screened? | N/A | | | | |
| 4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.? | No | | | | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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| STORAGE | TANK (name) | TANK (name) | TANK (name) | TANK (name) | COMMENTS |
|--|----------------|----------------|----------------|----------------|----------|
| 5. Is the roof/cover of the tank sealed and free of any leaks? | 01 | | | | |
| 6. Is the tank above ground or buried? | Yes | | | | |
| a. If buried or partially buried, are there provisions to direct surface water away from the site. | Above | | | | |
| b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion? | N/A | | | | |
| 7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines? | N/A | | | | |
| 8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today? | Separate | | | | |
| 9. What is the volume of the storage tank in gallons? | N/A | | | | |
| 10. Is the tank baffled? | 7,000 | | | | |
| 11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented? | No | | | | |
| | Yes | | | | |

| PRESSURE TANK | TANK (name) | TANK (name) | TANK (name) | TANK (name) | COMMENTS |
|--|----------------|----------------|----------------|----------------|----------|
| 1. What is the volume of the pressure tank? | | | | | |
| 2. What is the age of the pressure tank? | | | | | |
| 3. Is the pressure tank bladder type or air compressor type? | | | | | |
| 4. Did the pressure tank(s) deviate from normal operating pressure? | | | | | |
| 5. Is the compressor pump running more often than normal? | | | | | |
| 6. Is the tank bladder broken and the tank water logged? | | | | | |
| 7. Is the tank(s) damaged, rusty, leaking, or has holes? | | | | | |
| 8. Was there any recent work performed? | | | | | |
| 9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards? | | | | | |
| 10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected? | | | | | |

| DISTRIBUTION SYSTEM | SYSTEM RESPONSES |
|---|------------------|
| 1. What is the minimum pressure you are maintaining in the distribution system? | 45 psi |
| 2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding? | No |
| 3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details. | NO |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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| DISTRIBUTION SYSTEM | SYSTEM RESPONSES |
|--|--|
| 4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff? | No |
| 5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak? | Yes/No |
| 6. If there was a mainline leak, when was it repaired? | N/A |
| 7. On what date was the distribution system last flushed? | December 17, 2018 |
| 8. Is there a written flushing procedure you can provide for our review? | No |
| 9. Do you have an active cross connection control program? | No |
| 10. What is name and phone number of your Cross-Connection Control Program Coordinator? | skOO'kum h2o monitoring, inc. Son Sackett 822-4185 |
| 11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards? | No |
| 12. On what date was the last physical survey of the system done to identify cross-connections? | May 21, 2015 |

| SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings) | Routine Site TC+ or EC+ | Upstream Site | Downstream Site | 4 th Repeat Sample (specify) |
|--|-------------------------|-------------------------|-------------------------|---|
| | Lav Faucet #5 | Sink Faucet #3 | Sink Faucet #2 | |
| 1. What is the height of the sample tap above grade? (inches) | 36" | 36" | 36" | |
| 2. Is the sample tap located in an exterior location or is it protected by an enclosure? | int | int | int | |
| 3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)? | Yes | yes | yes | |
| 4. Is the sample tap in good condition, free of leaks around the stem or packing? | Yes | Yes | Yes | |
| 5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash? | Yes | Yes | Yes | |
| 6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems) | Yes | Yes | Yes | |
| 7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection? | Yes | Yes | Yes | |
| 8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.) | Sprayed w/ disinfectant | Sprayed w/ disinfectant | Sprayed w/ disinfectant | |
| 9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site? | No | No | No | |
| 10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time? | Yes | Yes | Yes | |
| 11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)? | sunny | sunny | sunny | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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| GENERAL OPERATIONS: | | Response |
|---|--|--------------|
| 1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training. | | Yes |
| 2. Does the water system have a written sampling procedure and was it followed? | | Yes |
| 3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings? | | No |
| 4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected? | | No |
| 5. Does the system have backup power or elevated storage? | | Backup power |
| 6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many? | | No |
| 7. What were the symptoms of illness if you received complaints about customers being sick? | | No |

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

| Deficiency # | Deficiency Description |
|--------------|--------------------------------------|
| 1. | Well casing vent screen not in place |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

| Deficiency # | Corrective Action | Completion/Proposed Date |
|--------------|------------------------------|--------------------------|
| 1. | Put new vent screen in place | completed |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

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CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME:  TITLE: Operations Manager DATE: 1/8/19

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

Appendix 2 – Public Notice dated January 18, 2019



**OUTRAGEOUSLY
FRESH™**

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Sun Select Produce Water System Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We collected one (1) routine sample on December 12, 2018, which tested positive for total coliform bacteria. Four (4) repeat samples were collected on December 17, 2018. One (1) of the repeat samples, collected from Well 01, also tested positive for total coliform bacteria. The standard is that no more than one (1) sample per month may do so. None of the samples tested positive for *E. coli* bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available



20570 Pellisier Road Tehachapi, CA 93561 USA



from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.

- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What was done?

To help clear the bacteriological contamination from the distribution system, we are planning to provide emergency disinfection and flushing of our well, storage tank and distribution system, on December 11, 2019, under the supervision of a certified distribution operator from skOO'kum h2O monitoring and will be collecting special samples from our well, storage tank and distribution system afterwards.

Due to the total coliform treatment technique trigger during the month of December 2018, a Level 1 Assessment is required to be completed within 30 days of the treatment technique Trigger, under the federal rTCR. On January 8, 2019, Shon Sackett from skOO'kum h2O monitoring, Inc. completed and submitted the Level 1 Assessment Report to the State Water Board, and we have taken corrective actions to fix the items identified in the Level 1 Assessment Report.

For more information, please contact:

Yolanda Acevedo, Compliance, SunSelect Produce, Inc. at 661.972.3165 or

20570 Pellisier Road, Tehachapi, CA 93561.

You can also contact:

State Water Resources Control Board, Division of Drinking Water Office at (661) 335-7315.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.



349 – 264th Street Aldergrove, BC V4W 2K1 CANADA
10250 Hornby Drive Delta, BC V4K 3N3 CANADA



20570 Pellisier Road Tehachapi, CA 93561 USA



- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by SunSelect Produce Water System.

State Water System ID#: 1503682

Date distributed: January 18, 2019



349 – 264th Street Aldergrove, BC V4W 2K1 CANADA
10250 Hornby Drive Delta, BC V4K 3N3 CANADA



20570 Pellisier Road Tehachapi, CA 93561 USA





**OUTRAGEOUSLY
FRESH™**

INFORMACIÓN IMPORTANTE SOBRE SU AGUA POTABLE

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

El sistema de agua de Sun Select Produce tiene niveles de bacterias coliformes Por encima del estándar de agua potable

Nuestro sistema de agua recientemente violó un estándar de agua potable. Aunque esto no es una emergencia, como nuestros clientes, usted tiene derecho a saber qué debe hacer, qué sucedió y qué hicimos para corregir esta situación.

Monitoreamos de forma rutinaria la presencia de contaminantes en el agua potable. Se recogieron una (1) muestra de rutina el 12 de diciembre, 2018, que dio positivo para las bacterias coliformes totales. Se recolectaron cuatro (4) muestras repetidas el 17 de diciembre de 2018. Uno (1) de las repeticiones de la muestra, recogida de Bueno 01, también dio positivo para bacterias coliformes totales. La norma es que no más de una (1) muestra por mes puede hacerlo. Ninguna de las muestras dio positivo para *E. coli*.

¿Qué tengo que hacer?

- No es necesario hervir el agua o tomar otras medidas correctivas.
- Esto no es una emergencia. Si lo hubiera sido, habría sido notificado inmediatamente. Las bacterias coliformes totales generalmente no son dañinas por sí mismas. *Los coliformes son bacterias que están presentes de forma natural en el medio ambiente y se utilizan como un indicador de que otras bacterias potencialmente dañinas pueden estar presentes. Se encontraron coliformes en más muestras de las permitidas y esto fue una advertencia de posibles problemas.*
- Por lo general, los coliformes son una señal de que podría haber un problema con el sistema de tratamiento o distribución (tuberías) del sistema. Cada vez que detectamos bacterias coliformes en cualquier muestra, hacemos pruebas de seguimiento para ver si hay otras bacterias de mayor preocupación, como coliformes fecales o *E. coli*. **No encontramos ninguna de estas bacterias en nuestras pruebas posteriores, y las pruebas adicionales demuestran que este problema se ha resuelto.**
- Las personas con sistemas inmunitarios gravemente comprometidos, bebés y algunos ancianos pueden correr un mayor riesgo. Estas personas deben buscar asesoramiento sobre el agua potable de sus proveedores de atención médica. Directrices generales sobre maneras de disminuir el riesgo



20570 Pellisier Road Tehachapi, CA 93561 USA



- PROPIETARIOS, ADMINISTRADORES O OPERADORES DE PROPIEDADES DE NEGOCIOS: deben notificar a los empleados las empresas ubicadas en la propiedad.

SunSelect Produce le envía este aviso. Sistema de agua .

Número de identificación del sistema de agua del estado: 150 3 682 _____

Fecha de distribución: Enero 18, 2019



349 – 264th Street Aldergrove, BC V4W 2K1 CANADA
10250 Hornby Drive Delta, BC V4K 3N3 CANADA



20570 Pellisier Road Tehachapi, C A 93561 USA



**Appendix 3 – Certification of Completion of Public Notice
dated January 18, 2019**

Certification of Completion of Public Notification
(Include a Copy of Public Notice with the Certification of Public Notification)

This form, when completed and returned to the Division of Drinking Water – Tehachapi District (4925 Commerce Drive, Suite 120, Bakersfield, CA 93309 or fax to 661-335-7316 or email to dwpdist19@waterboards.ca.gov), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463-64465.

Public Water System Name: Sun Select Produce Water System

Public Water System No.: 1503682

Public notification for failure to comply with the Total Coliform MCL for December 2018 was performed by the following method(s) (check and complete those that apply):

☐ The notice was mailed to users on: _____
A copy of the notice is attached.

☐ The notice was hand delivered to water customers on: _____
A copy of the notice is attached.

☐ The notice was published in the local newspaper on: _____
A copy of the newspaper notice is attached.

☒ The notice was posted at conspicuous places on: 01-18-19 (³ Break rooms
near water)
A copy of the notice is attached.
A list of locations the notice was posted is attached.

☐ The notice was delivered to community organizations on: _____
A copy of the notice is attached.
A list of community organizations the notice was delivered to is attached.

I hereby certify that the above information is factual.

Yolanda Acevedo
Printed Name

Compliance Manager
Title

[Signature]
Signature

01-18-19
Date

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation each day that the violation continues. In addition, the violators may be prosecuted in criminal court and, upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due to the Division of Drinking Water within 10 days of issuance of notice to customers and no later than January 30, 2019.

Enforcement Action No. Pending

Appendix 4 – Notification of Receipt

Citation Number: 03_19_19C_005

Name of Water System: SunSelect Produce Water System

System Number: 1503682

Certification

I certify that I am an authorized representative of the SunSelect Produce Water System and that Citation No. 03_19_19C_005 was received on _____. Further I certify that the Citation has been reviewed by the appropriate management staff of the SunSelect Produce Water System and it is clearly understood that Citation No. 03_19_19C_005 contains legally enforceable directives with specific due dates.

Signature of Water System Representative

Date

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD,
DIVISION OF DRINKING WATER, NO LATER THAN JANUARY 29, 2019.**

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.